



UTAH HEALTH POLICY PROJECT

Quality Health Care Coverage for All Utahns

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UHPP Bill Tracker: Week 4 (2013 General Session)

1=UHPP plays lead role; 2=supporting; 3=monitoring. **R**= possible red flag in otherwise good bill

MS=monitored by Matt Slonaker; JS=by Jason Stevenson; JH=by Judi Hilman; RS=Randal Serr

Note: This is the session of health-related bills that show up suddenly leaving little time for a thoughtful response. To contact a legislator, check out our [2013 Legislative Roster](#).

Priority Bills for UHPP (in priority order)	Cost	Description/Background (UHPP Publication and/or analysis)	Status	Position (UHPP lead)
HBXX Medicaid Amendments (Rep. Chavez-Houck)	~\$ _____	Due to the many delays with the state-commissioned study by PCG (Public Consulting Group), the case for the Medicaid expansion may or may not take the form of legislation .If there is a bill, it will likely contain a circuit breaker if federal matching funds diminish, like Arizona . Also legislation may say try the expansion for 3 years to study the system impacts. Right now the action on this issue lies with the Social Services Appropriations Committee. Based on the Dept of Health presentation of 2/19, this committee will get a chance to respond in some fashion to the PCG study findings— whether this will be in time to take action during the session is unclear.	Holding pattern	Support 1 (MS)
HBXX Health System Reform Amendments (Rep. J. Dunnigan)	\$ _____	Rep. D has been waiting to craft his 2 nd draft until decisions about the ACA-compliant exchanges are sorted out. Utah wants a partnership exchange, where the Feds will handle the individual market exchange, and the state will run the SHOP exchange, expanding Avenue H. This means much of Rep. D's original bill draft will be scrapped, including the navigator sections (according to Gov. Herbert, the Feds will oversee this). Rep. D's bill should still include governance language and renew Reform Task Force for one year.	Re-drafting	Pending 1 (JS)
SBXX Health Policy Amendments (Sen. L. Robles)	?	Creates a Community Health Worker (CHW) program and assigns responsibility for further designing and operating the program to the Bureau of Health Promotion, Utah Department of Health; defines Community Health Worker by adapting the American Public Health Association definition. Assigns to UT Department of Health responsibility to identify the best approach to expanding the use of CHWs and maximizing funding to support CHWs. Allocates funding through mini-grants and maximizes navigator and enrollment assistor funding, depending on whether states operates ACA-compliant exchanges; facilitates use of Medicaid funding by giving incentives to Medicaid accountable care organizations to utilize CHW; measures those results. Establishes and supports a public-private sector advisory committee. Measures cost effectiveness of CHW initiatives.	Draft #3 is ready. Issue will be presented to SSA Committee 2/21/13	Support 1 (JH)
HB 141 Children's Health Insurance Program and Medicaid Emergency Room Use Amendments (Rep. M. Kennedy)		Intended to incentive more appropriate use of emergency rooms by clarifying authority of accountable care organizations to audit providers if they deliver non-emergent care in emergent settings; allows ACOs to retro-actively recover payments to such providers and then re-invest recoveries in better access to primary care. <i>Draft #3 includes a friendly amendment introduced by UHPP and now supported by most stakeholders requiring the Dept of Health to verify the plans' expenditure of diversion savings on primary care access improvement.</i>	Assigned to HHS Standing (status)	Support 1 (JC)
HB57 Mental and Behavioral Health Amendments (Rep. D. Sanpei)		Promotes integration of mental, behavioral, and physical health care; evaluates effectiveness and impact of programs on E.R. dept utilization, jail and prison populations, homeless populations and child welfare. Learn what this is all about in yesterday's SLT feature .	Passed all the way thru ☺	Support (1)
SB42 Medical School Admissions Funding (Sen. J. Valentine)		Appropriates money to increase the number of students admitted to the University of Utah School of Medicine by 40. But these 40 students must demonstrate a "strong connection" to the state of Utah. <i>UHPP: What does "strong connection" mean? Why not spell out what Utah needs: more primary care access points, more providers willing to serve in medically underserved areas, willing to serve</i>	Passed Senate on 3 rd . On to House	Support (2) w/changes (JH)

PLEASE NOTE: Our positions on the various bills are tentative, pending further research and approval/refinement by UHPP's Board of Trustees.

For fact sheets and position papers on UHPP priority bills, visit www.healthpolicyproject.org

To obtain more information on bills and appropriations or to watch live coverage of floor debates and committee hearings, go to www.le.utah.gov

		<p>Medicaid, etc. Utah is 45th in the nation in terms of the number of primary care physicians per 100,000. We have 89.4 physicians per 100,000 population. National average is 119.9. Massachusetts has the best with 194.5 per 100,000 and Idaho has the worst with 77.5 per 100,000. http://statehealthstats.americashealthrankings.org/#/country/US/2012/Primary-Care-Physicians</p>	(status)	
<p>SB195 Charity Care Commission (Sen. S. Adams)</p>		<p>Our concerns remain that this is some sort of foil to or distraction from the Medicaid expansion. The proposed Commission would duplicate efforts of the statewide Safety Net Summit process, underway since 2006: (see under the Providers section all electronic notes from these intensive twice yearly sessions wherein safety net providers share info on current trends, disparities and opportunities for networking and economies of scale. According to Division of Health Systems Improvement, which facilitates it, the safety net initiative will continue, as there is a great need for primary and preventative care in Utah and integration of such with mental and dental care. It's time to face facts: Charity care cannot adequately fulfill the need. At best, charity care is episodic and unreliable for families who need a consistent and continuous source of health care. The Utah-based Sutherland Institute concept of "authentic charity care" has been in circulation in Utah policy circles since 2004. It's had enough time to prove its merits—and if there was one community that could give it a go, it was Utah. Across the U.S., 26,100 people between the ages 25-64 died prematurely due to a lack of health coverage in 2010. Astoundingly, 687 25-64 year old Utahns died due to lack of health care coverage from 2005 to 2010 (learn more here).</p>	status	Oppose 1 (JS, JH)
<p>HB292 Premium Assistance under Medicaid & CHIP (Rep. Sanpei)</p>	No cost	<p>Directs the Dept of Health to seek to maximize the use of Medicaid and CHIP funds for assistance in the purchase of private health insurance coverage for Medicaid-eligible and non-Medicaid eligible individuals.</p>	Passed HHS Standing, on 2 nd reading (status)	Support 2 (MS)
<p>HBXX Nullification of the Affordable Care Act (Rep. L. Perry)</p>		<p>Asked sponsor for details. Mobilizing lawmaker's constituents to inquire. Still no information, phone calls to Rep. Perry are not getting returned.</p>	Leg Research is drafting	Oppose 2 (JS)
House Bills				
<p>HB 56 Behavioral Health Care Workforce Amendments (Rep. Menlove)</p>		<p>Allows mental health and substance use disorder therapists to engage in therapy via internet, telephone, or other means.</p>	Passed all way thru ☺	Support 2 (JH)
<p>HB106 Medicaid Inspector General Amendments (Rep. Wilcox)</p>		<p>Turns this position into an at-will employee of the state auditor. Right now this position is hired for a two-year renewable term. Politics behind this may be interfering with sound judgment about the MIG and the value (we're talking millions in savings) this position has brought to Medicaid (get details here).</p>		Oppose 2 (JH)
<p>HB329 Medicaid Vision Amendments (Rep. Menlove)</p>	\$0	<p>Requires Dept. of Health to issue a request for proposal to provide vision services to all Medicaid populations within appropriations from the Legislature. <i>Standard Optical and other firms have offered to provide these services at very little (not no cost) cost to the state. Not sure how this is possible.</i></p>	In Rules (status)	Support pending MS
<p>HB315 Office of Inspector General of Medicaid Amendments (Rep. Dunnigan)</p>		<p>Amends duties of Medicaid Before considering any changes to the Office of Medicaid Inspector General (OIG), policymakers do well to consider the results of the current arrangement (learn more here). In short, the recoveries of waste, fraud, and abuse are very significant. In response to provider groups' charges that the process is inappropriately burdensome or distracting from patient care, the OIG has increased the number of trainings statewide.</p>		
<p>HJRXX Resolution Requesting Repeal of the Affordable Care Act (Rep. Anderreg)</p>		<p>Guess there's room for more posturing! Mobilizing lawmaker's constituents to inquire.</p>	Still in process	Oppose (JS)

Senate Bills				
SB20 State Security Standards for Personal Information (Sen. S. Reid)	\$800K if DTS pass cost to state	Requires health care providers to inform patients that their personal information may be shared with Medicaid or CHIP. Also consults best practices on how personal information should be shared. <i>UHPP: This has broad support of stakeholders, including UHPP's good friend Sheila Walsh-McDonald (now the breach czar)</i>	Circled in House (not sure why) (status)	Support 2 (RS)
SB166 Hospital Provider Assessment Amendments (Sen. Hillyard)	\$?	The current hospital assessment expires June 30, 2013. This simply extends it another three years and caps it at the current annual amount collected. A couple of technical changes to conform to the funds passing through ACO plans now instead of directly to each hospital but otherwise same program we have today with three-year renewal.	Passed Sen committee 4-0...Senate 2 nd Reading	Neutral (JC)
HBXX Patient Information Protection Act (Sen. Urquhart)		Inquiring	Is drafting	? RS
SB 206 Office of Medicaid Inspector General Amendments (Sen. Christensen).	\$0	Empowers Office of Medicaid Inspector General (OIG) to request eligibility info from insurers; insurer may not deny a claim if 1) the OIG is seeking to enforce rights of the state w/respect to the claim; 2) enforcement action is begun not later than 6 years after day on which claim is submitted. Also enables OIG to report fraud directly to law enforcement. <i>Makes it even easier for the OIG to do his job and follow best practices on preventing and detecting fraud in Medicaid. Since UT's OIG is doing a great job (details here), this bill makes sense.</i>	In Senate Rules (status)	Support 2 (JC)